

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		/				
3						
4						
5						
6						
7		/				
8						
9						
10		/				
11						
12	/					
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20		/				
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	17					
TOTAL DEP.	3					
TOTAL CLAIMS	20					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
55								
56								
57								
58								
59								
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62								
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64								
65								
66								
67								
68								
69								
70								
<b>BEST AVAILABLE COPY</b>								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS